

**NEW YORK STATE
DEPARTMENT OF AGRICULTURE & MARKETS
DIVISION OF MILK CONTROL & DAIRY SERVICES
10B AIRLINE DRIVE, ALBANY, NY 12235**

CONTINUING EDUCATION REGISTRATION FORM

Name (as listed on license): _____ **Type of License Held:**

Address: _____ CMI _____

E-Mail Address: _____ PPS _____

Company Name: _____ Milk Receiver _____

Company Address: _____

Phone Number: _____ **Signature:** _____

Location of Seminar: _____

Type of Seminar attended: _____ **Date Attended:** _____

(A) PPS Annual Seminar _____

(B) Laboratory Workshop _____

(C) CMI Annual Seminar _____

(D) NYS Assoc. for Food Protection Annual Meeting _____

(E) HTST Course at Cornell University _____

(F) CMI Training Course at Cornell University _____

(G) Vat Pasteurizer Course _____

(H) FDA Course _____ Documentation Attached _____

Course Name and Number _____

(I) Milk Receiver Seminar _____

(J) Other Related Seminars or Courses _____ (Must be approved by this Department)

Name of Seminar _____

Documentation Attached _____

NOTE: Each year, all licensees and permittees are required to attend one of the above training sessions applicable to the type of license that is held.